

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 018 ****61.25

DOCUMENT # 731672
1. Entity Name *CENTER POINTE Community Church,*
~~CALVARY TEMPLE OF TEMPLE TERRACE,~~
INCORPORATED



Principal Place of Business 8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE, FL 33687 US	Mailing Address 8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE, FL 33637 US
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01152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-6159374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, KAYE
8610 TEMPLE TERRACE HIGHWAY
TAMPA, FL 33637

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, DALE A. 12013 HAZEN AVE P.O. BOX 1106 THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKS, C.L. 1102 WEST RIVER DRIVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BROOKS, KAYE 12013 HAZEN AVE P.O. BOX 1106 THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, WILLIAM F. 2215 SHADEHILL COURT TAMPA, FL 33612 <i>1205 Lake Charles Cir Lutz FL 33548</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERLY, ALBERT C. 8229 132ND ST. N. SEMINOLE, FL 34646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kaye Brooks Kaye Brooks* **4-27-04** **813-988-3557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #